

State of California QUARTERLY FINANCIAL INVOICE <i>Form MIOCRG004 (Revised 02/00)</i>	Board of Corrections Facilities Standards and Operations Division <i>Mentally Ill Offender Crime Reduction Grant (MIOCRG)</i>
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1. County: Address:	2. Contract #: 4. Report Period (mm/dd/yy): From: / / / / To: / /	3. Invoice #: 5. Modification This Period Yes <input type="checkbox"/> (Modification Number:) No <input type="checkbox"/>
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BUDGET

Line Items	A. STATE FUNDS	B. HARD MATCH	C. IN KIND MATCH	D. ANY OTHER MATCH	E. PRIOR EXPENDITURES	F. THIS PERIOD	G. BALANCE
6. Salaries and Benefits	\$	\$	\$	\$	\$	\$	\$
7. Services and Supplies	\$	\$	\$	\$	\$	\$	\$
8. Professional Services	\$	\$	\$	\$	\$	\$	\$
9. CBO Contracts	\$	\$	\$	\$	\$	\$	\$
10. Administrative Overhead	\$	\$	\$	\$	\$	\$	\$
11. Fixed Assets	\$	\$	\$	\$	\$	\$	\$
12. Other	\$	\$	\$	\$	\$	\$	\$
13. Grand Total	\$	\$	\$	\$	\$	\$	\$

RECAP	H. EXPENDITURES TO DATE	I. EXPENDED/CLAIMED THIS PERIOD
14. Hard Match	\$	\$
15. In Kind Match	\$	\$
16. Any Other Match	\$	\$
17. State Funds	\$	\$
18. Total Expended/Claimed	\$	\$

I certify that this report is accurate and in accordance with Board of Corrections regulations, policies, and procedures. I further certify these are actual expenditures and all funds received from the Board are in reimbursement of funds expended for the purpose of liquidating obligations legally incurred for the payment of the state's share of the eligible expenses incurred in the previous quarter, as required under Article 13. A. of Exhibit A of the grant contract.

PERSON PREPARING REPORT

PROJECT FINANCIAL OFFICER

PROJECT MANAGER

Signature _____ Name _____ Title _____ Date _____ Telephone # _____	Signature _____ Name _____ Title _____ Date _____ Telephone # _____	Signature _____ Name _____ Title _____ Date _____ Telephone # _____
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Mail to: Board of Corrections, 600 Bercut Drive
 Sacramento, California 95814-0185

Approval: _____
 Board of Corrections Representative

Date: _____

Instructions for Completing Quarterly Financial Invoice

To ensure timely payment of funds, this invoice must be complete and accurate. All amounts should be expressed in whole dollars. Complete the form as follows:

- Item 1:** Name of county and address to which the state shall mail payments.
- Item 2:** State assigned contract number found on contract face sheet.
- Item 3:** Number of this invoice.
- Item 4:** Indicate the beginning and ending dates of the time period this request for payment covers.
- Item 5:** Indicate if you have submitted a Budget Modification Notification/Request with this invoice or during the reporting period. If so, indicate the number.

BUDGET

Lines 6A,B,C,D through 12A,B,C,D: These figures should reflect the amounts approved in the grant contract, Exhibit B "Four Year Budget" (or new amounts from approved amendments to the contract, authorized budget modifications, or minor modifications not requiring authorization).

Lines 6E,F,G through 12E,F,G: These figures should reflect the total of all prior expenditures in each line item (6-12E); the amount of expenditures in each line item during the report period (6-12F); and the balance of funds remaining in each of the line items (6-12G).

Line 13A,B,C,D,E,F,G: These figures should reflect the sum of columns A,B,C,D,E,F,G.

RECAP

- Line 14** These figures reflect hard match dollars from all sources expended to date, including this claim (H), and the amount expended during the report period (I).
- Line 15** These figures reflect in kind match dollars from all sources expended to date, including this claim (H), and the amount expended during the report period (I).
- Line 16:** These figures reflect any other match dollars from all sources expended to date, including this claim (H), and the amount expended during the report period (I).
- Line 17:** Enter on this line the total amount of state funds expended to date, including the amount claimed this period (H), and the amount claimed for this period (I). Line 17I shaded to emphasize amount claimed.
- Line 18:** This line reflects the total of the "Expenditures To Date",and "Expended/Claimed This Period" columns in the recap category.

Four copies of this form, all with original signatures, shall be submitted. The forms shall be signed by the person preparing the report, the county financial officer, and the project manager.